Minneapolis VA Health Care System

Psychology Doctoral Internship Program

Online Brochure

The Setting

The Minneapolis Veterans Affairs Health Care System (MVAHCS) is an affiliated teaching facility located in the Minneapolis-St. Paul metropolitan area. As a "flagship" medical center, we provide a full range of patient care services with state-of-the-art technology, as well as education and research.

Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care. The Minneapolis VAHCS serves as one of five officially designated Polytrauma VA Medical Centers receiving and treating active-duty service members and Veterans with multiple traumatic injuries such as traumatic brain injury, blindness, and amputation sustained in the course of the current conflicts in Afghanistan and Iraq. In 2009, a $20 million Spinal Cord Injury/Disorder (SCI/D) Center was opened. The 65,000-square-foot center provides acute rehabilitation, primary care and sustaining care for Veterans with spinal cord injuries and disorders. Additionally, this medical center is one of eight in the VA system that houses a Women Veterans Comprehensive Health Center and the first VA to provide mammography for female veterans. Over 3,000 women are seen in this medical center annually. The Minneapolis VA Medical Center has a current inpatient capacity of 279 acute care and 104 extended care beds.

The Minneapolis VA Health Care System provides health care to veterans residing in our primary service area, which includes Western Wisconsin and Minnesota. It also serves as a tertiary referral center for the upper VA Midwest Healthcare Network which spans a much greater geographical area and includes some two million veterans with more than a million patient encounters yearly.

In addition to the Psychology Training Programs, the Minneapolis VAHCS has one of the largest education and training programs in the VA system, providing training to more than 1,500 residents, interns, and students annually. It has active affiliations with over 50 colleges, universities, and vocational schools in allied health professions, such as medicine, psychiatry, health care administration, audiology, speech pathology, physical therapy, occupational therapy, social work, psychology, laboratory and dental technology, physician assistants, nursing, and pharmacy. The Minneapolis VAHCS has particularly strong partnerships with the University of Minnesota in providing clinical services, training, and research across a variety of disciplines.

The Research Service located in the medical center is one of the largest and most active research programs in the VA system.

Currently, there are 179 scientists and investigators conducting research projects with over $30 million in research funding. These researchers publish hundreds of papers, abstracts and

book chapters on the most cutting-edge research projects. In addition, the MVAHCS houses several research centers of excellence bringing together multidisciplinary teams of investigators. The Center for Care Delivery Chronic Outcomes Research, a VA Health Services Research & Development (HSR&D) Center of Excellence, focuses on conducting health services research intended to improve the health care of Veterans with an emphasis on post-deployment health issues such as post-traumatic stress disorder (PTSD), polytrauma and blast-related injuries, and substance use disorders. The Minneapolis Geriatric Research, Education and Clinical Center (GRECC) focuses on studying the aging brain with an emphasis on Alzheimer's Disease, conducting studies from basic science (molecular and cellular biology and brain functions) to clinical and health services (caregiving and the Alzheimer's patient). In collaboration with the University of Minnesota, the Brain Sciences Center focuses on using magnetoencephalography to study mechanisms underlying the brain activity across a range of areas including cognitive function, memory and learning, PTSD, alcoholism, schizophrenia, and Alzheimer's disease.

The Presence of Psychology

The MVAHCS Psychology staff currently consists of over 80 doctoral psychologists, many whom hold academic appointments at the University of Minnesota and are involved in training. Each psychologist works in one or more of the specialized treatment units and acts as a member of a multidisciplinary treatment team and/or as a consultant to programs within that setting. The Psychology staff is comprised of individuals who are committed to respectful and competent care, with a diversity of cultural backgrounds and competencies, interests, theories, and techniques in psychology and work in widely varied programs with different kinds of patients. In addition, the Psychology staff embraces the scientist-practitioner model with many psychologists involved in scholarly activity and conducting cutting edge funded research as clinician investigators. We train eight interns yearly – six in our general psychology track and two in the Neuropsychology track. There are also six postdoctoral residents: three in clinical psychology with focus areas in Serious Mental Illness, Trauma, and Mental Health/Primary Care; two in the specialty of Clinical Neuropsychology; and one in the specialty of Rehabilitation Psychology. Four psychology technicians and three clerical positions complete the staffing.

The following link will open **abbreviated vitas** for all psychology staff.

Program Tables - Admissions, Support, and Placement Data

Date Program Tables are updated: **1/10/23**

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
Applicants must meet the following prerequisites to be considered for our program: 1. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) 2. Approval for internship status by graduate program training director 3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre- internship practicum experience. There is a clear focus on quality of training experiences rather than total hours. 4. U.S. citizenship 5. Male applicants born after 12/31/1959 must have registered for the draft by age 26 6. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens. **Selection Process** A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or both tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness–of–fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. We prefer interns from university-based programs. Consistent with our APCS membership, individuals with scholarly or	

aspiration are encouraged to apply. The Minneapolis VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application (see #1 below under Application Procedures).	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	Yes, Amount = 250
Total Direct Contact Assessment Hours	Yes, Amount = 50
Describe any other required minimum criteria used to screen applicants:	
The program does not have additional screening criteria.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	36,145
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	24
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=3, EP=1

Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=10, EP =1
Veterans Affairs Health Care System	PD=9, EP =1
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=0, EP =0
Other	PD=0, EP =0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Program Overview

The Psychology Internship Program at the Minneapolis VAHCS is committed to providing excellent training in the areas of clinical care, research, and attention to social issues. As a fundamental part of this training and the environment of our service line, we believe that increased self-awareness and appreciation for other viewpoints and cultures makes psychologists more effective practitioners, scientists, and teachers. For this reason, sensitivity to individual differences and diversity is an integral part of our training philosophy. Many of our previous interns and postdocs have pursued careers in universities, the VA health care system, medical schools, teaching hospitals, and other settings.

Training Aims

1. The philosophy of our program is grounded in the scientist-practitioner model. Our program endorses the view that **good clinical practice is based on the science of psychology**. In turn, the science of psychology is influenced by hands-on clinical work. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. At the same time, we hope to acknowledge the complexities of real patients and the limitations of our empirical base. We aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research. While individual interns may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

2. Consistent with our Scientist -Practitioner model, the Minneapolis VAHCS Internship is a member in the Academy of Psychological Clinical Science (APCS). APCS is an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology. Our program is one of 12 internships in the United States and Canada judged to have met the membership criteria of demonstrating strong commitments to and an established record of successful clinical science training.

3. The primary **focus of the internship year is training**. Delivery of patient care is an essential vehicle through which training occurs, but is secondary to the educational mission of the internship. Toward this end, interns are encouraged to plan their internship experiences in a manner that maximizes their individual training goals (for example, interns choose their own rotation placements and research projects in order to meet their individual training needs). Our training program emphasizes generalist training as an important foundation for

professional competence. Our program is based on the view that a psychologist must be broadly competent before they can become a skillful specialist. The internship year is designed to help interns master the common principles and practices that form the foundation of clinical patient care. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves.

4. Our training model is **developmental**. Over the course of the year, interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning. Interns are expected to be active participants in shaping their training experiences in a variety of ways. Interns take an active and responsible role in developing their training plan and in adjusting it to meet their needs and emerging interests. Through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology. Interns are required to take responsibility for their own learning by identifying individualized training goals, by self-observation, self-evaluation, and participation in continuing education. Interns are also expected to participate in the development and improvement of the training program itself by providing feedback and evaluation of supervisors and training experiences.

5. **Commitment to Diversity**: Our training program is committed to the ongoing process of developing multicultural competencies – for our trainees and ourselves as providers and trainers. This commitment is predicated on the belief that psychology practice is improved when we develop a broader and more compassionate view of our individual differences. Our practice is improved further as we better understand the complex forces that influence a person's psychological development, including cultural, social, structural, economic, and political factors. We are committed to offering training experiences that provide opportunities for trainees to expand their vision of the world and learn to understand the perspective of others more fully. When this occurs, our practice can be more responsive to the needs of our clients and less constrained by our biases. For these various reasons, the internship and postdoctoral residency programs place a high value on attracting a diverse group of trainees and on maintaining an awareness of multicultural issues during the training year. More information about the program's commitment to diversity training can be found by clicking on the following link (Diversity) or the Diversity link in the left side bookmark.

Competencies

Consistent with our overall Aims, training is expressed in the following broad competencies:

1. **Research** - Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host

institution), regional, or national level.

2. **Ethical and Legal Standards** - Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code, relevant laws, regulations, rules, policies, standards and guidelines.

3. **Individual and Cultural Diversity** - Interns will demonstrate ability to conduct all professional activities with significant awareness and sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns demonstrate knowledge, awareness, humility, sensitivity, and skill when working with diverse individuals, as well as with communities that embody a variety of cultural backgrounds and experiences.

4. **Professional Values and Attitudes** - Interns will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.

5. **Communication and Interpersonal Skills** - Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.

6. **Assessment** - Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically-validated instruments assessing personality.

7. **Intervention** - Interns will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Interns will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.

8. **Supervision** - Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

9. **Consultation and Interprofessional Skills** - Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

Supervision

Each week, interns receive at least 2 hours of individual clinical supervision and 2 hours of group supervision. Style and modes of supervision vary. Video recording, direct observation, role-plays, and co-therapy are among the tools used to aid in supervision. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns should expect to be assigned readings and literature reviews as part of their supervision. Some supervision may occur through telephone or video-based systems will be consistent with requirements defined by the APA Commission on Accreditation and the Veterans Administration.

Mentorship

Each intern is assigned a mentor/advisor for the training year. The mentor's role is to help the intern negotiate the internship program, integrate feedback from various supervisors, and plan for post-internship goals. Mentors meet with interns at least once per training trimester.

Evaluations

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists including but not limited to full-time clinicians and applied clinical researchers. Interns are formally evaluated near the end of each training activity. Interns also are asked to evaluate themselves, their supervisors, and the training program on a regular basis.

Minimum Levels of Achievement

Consistent with APA accreditation requirements, we have identified clear Minimum Levels of Achievement:

<u>In order for Interns to maintain good standing in the program they must:</u>

1. For the first and second training trimester, obtain ratings of at least a "2" [Regular supervision required on most straightforward cases; consultation only on less challenging cases (mid-practicum level)] for all competencies on the Trimester Evaluations and the Adjunctive Training Experience Evaluation forms.
2. Not be found to have engaged in any significant unethical behavior

<u>In order for Interns to successfully complete the program, they must:</u>

1. By the end of the last training period, obtain ratings of at least a "5" [Little consultation/supervision needed. Sound clinical judgment regularly demonstrated

(intern exit/ postdoc entry level; readiness for practice] for all competencies on the Trimester Evaluation and the Adjunctive Training Experience Evaluation forms.
2. Not be found to have engaged in any significant unprofessional or unethical behavior

Training Program Evaluation

Residents complete formal rating scales after six months and at the end of the training year to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. The training directors review the residents' satisfaction ratings and take reasonable steps to address any areas of concern. Exit interviews with the residents by the training directors will be completed at the end of the training year in order to gather additional feedback about the training experience and in order to inform the continuous improvement of the postdoctoral training program. It is expected that residents will provide feedback to their supervisors on an ongoing basis, as well, concerning their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this document may be obtained by using the e-mail address found in the application section of this brochure.

Training Term

The internship requires a one-year, full-time training commitment beginning in early August and ending on about that same time the following year, with interns working 40 hours a week on site. One year at full-time equals 2080 hours. Interns are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). Interns are required to use all of their annual leave before completion of internship. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences and workshops or to complete activities required by your graduate program.

Parental Leave: While we do not allocate a fixed amount of time for parental leave, trainees may use accrued annual or sick leave. Additional leave without pay can be arranged based on individual circumstances considering all factors, including that the individual is part of a formal training program and prolonged absences can interfere significantly with training. Any leave without pay must be made up by extending the training year(s).

Stipend and Benefits

VA Central Office in Washington, DC notifies us in January of each year of the number of intern positions that we will receive for the following internship year. For this year we received eight full-time positions including two designated for neuropsychology emphasis. We expect to receive the same budget for next year. The current stipend is $36,145 per year. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.

Interns are also eligible to apply for the VA Child Care Subsidy Program. Click on the link for more information. The program is also review in Human Resources Orientation on the first day of internship.

Training Tracks

Interns match into one of two training tracks: Standard Clinical or Neuropsychology. There are six Standard Clinical positions, and two Neuropsychology track or emphasis positions. All tracks are open to interns from Clinical or Counseling psychology doctoral programs.

The **Standard Clinical Track** offers the widest flexibility training. Interns select from a variety of full-time 4 month-long rotations (See the Training Structure page for rotation details. The table toward the bottom of the page will help applicants understand how the program is structure and how it could meet your training needs.).

The **Neuropsychology Track** provides training in clinical neuropsychology and neuropsychological assessment and is designed to meet the Houston Conference and APA Division 40 training guidelines for clinical neuropsychology. The intern is expected to devote at least 50% of their time to activities designed to increase knowledge of brain-behavior relationships and neuropsychological assessment. The intern will begin the training year with a general introduction to fundamental assessment activities (e.g., measurement selection, scoring, normative standards, report writing) and develop more advanced skills in case conceptualization and consultation as the training year progresses. The ultimate goal is to foster progressive autonomy as a neuropsychologist. This is accomplished through completion of two to three 17 week-long rotations (See the training Structure and Components page for rotation details).

> Although Neuropsychology Track interns focus a significant portion of their training in areas related to neuropsychology, the track is structured to ensure that their training is broad and general and is consistent with APA CoA Guidelines and Principles.
>
> Neuropsychology Track interns are also required to participate in year-long intervention and assessment training through Adjunctive Training Experiences. Please see Adjunctive Training Experiences on the Training Structure page of this website.

Training Structure and Components

During the internship year, interns complete three major clinical rotations of four months each. Concurrently, interns complete minor rotations (or adjunctive training experiences). Most adjunctive experiences are 6 months long, but the DBT and Research adjunctives are year-long. All interns are required to participate in the year-long Psychological Assessment Clinic. See the table below for a graphic representation. Note: For neuropsychology track interns a minimum of two major rotations need to be in neuropsychology.

12 Month Internship year		
Major Rotation	Major Rotation	Major Rotation
Adjunctive Experience	Adjunctive Experience	
Adjunctive Experience	Adjunctive Experience	
Assessment Clinic		
Didactics		

* Adjunctive experiences and the Assessment Clinic average about four hours per week each.

After an orientation period, trainees are matched to a rotation and adjunctive schedule for the year. Rotation assignments are determined by trainee interest, training needs, and track, with Neuropsychology trainees being required to complete rotations that allow for concentration in neuropsychology. The training directors work with trainees to choose and sequence rotations and adjunctive training experiences so that individualized training goals, as well as the program's required aims and competencies, are met. Schedule can be adjusted as needed later in the year.

Rotations

Addiction Recovery Services (ARS):

The mission of the ARS clinic is to foster individualized recovery for Veterans who desire change related to substance use and other co-occurring mental health concerns. The multidisciplinary team includes psychology, social work, psychiatry, nursing, pharmacy, and peer support. All the treatment we provide occurs on an outpatient basis. The programming provided in the clinic includes both group and individual treatments. Group treatment is evidence-based and includes our intensive outpatient program (IOP), relapse

prevention, aftercare, CBT-SUD, and specialized outpatient groups focused on specific Veteran populations, to include those managing both substance use disorders (SUD) and severe mental illness, SUD and maladaptive personality traits, SUD and PTSD, and stimulant use disorders. Evidence-based individual treatment includes, but it not limited to, cognitive behavioral therapy for substance use disorders (CBT-SUD), motivational interviewing (MI), contingency management (CM) for stimulant misuse, CBT for chronic pain, CBT for insomnia, and tobacco cessation interventions. A sub-team of ARS includes our opioid treatment program (OTP), which focuses on administration of opioid replacement medications (buprenorphine, methadone) and individual therapy/case management. Additional training opportunities include completing comprehensive psychological assessments for ARS Veterans, typically referred by other team members for diagnostic clarification and treatment recommendations; brief assessments to provide treatment recommendations as part of a weekly drop-in screening group; use of MMPI-3 in therapeutic assessment for veterans in intensive outpatient treatment; and brief assessments/consultation with inpatient treatment teams regarding veterans who have been hospitalized for substance use related physical health complications. Interns also can be involved in on-going quality improvement projects in the clinic.

Considering the breadth of treatment provided in the clinic, interns in ARS can create and receive a comprehensive training experience. Each trainee meets with their supervisor(s) to develop an individualized training plan based upon training interests and goals. Supervisors strive to provide high quality supervision, including observation and/or video review, to support trainees in meeting their personal training goals during the rotation. Consideration of multicultural issues in Veteran interactions is a component of the training experience. We believe in an interdisciplinary approach to providing high quality services to the Veterans we serve. Therefore, interns will have the opportunity to meet with other staff outside of psychology to learn from our partners. It is expected that interns participate in our weekly multidisciplinary team meeting and our monthly Journal Club. Our goal is that interns leave the ARS rotation having developed competencies to successfully work with individuals who are managing addictive disorders and co-occurring mental health disorders.

Supervisors: Drs. Andrews-Wiebusch, Larson, Mrnak-Meyer, and Stephenson.

Neuropsychology (for Standard Track trainees):

The neuropsychology rotation is appropriate both for trainees hoping to attain experience with brief cognitive screening assessment and exposure to neuropsychological assessment. Staff members accept hospital-wide consultation requests to address questions regarding presence/degree of cognitive impairment, potential etiological contributions, effects of mental health symptoms, and change over time. Trainees may expect to see a variety of patients, young and old, with histories and diagnoses including stroke, dementia, head trauma, tumors, seizure disorders, multiple sclerosis, and various other neurologic and psychiatric disorders. Assessments related to transplant evaluations, learning disorders, and attention deficit hyperactivity disorder are also

available. Test batteries are flexible and are modified according to the nature of the referral question and patient background. Competence in consultation skills is developed through participation in the weekly neuropsychology seminar, and participation on interdisciplinary teams (e.g., GRECC Memory Clinic Team and inpatient stroke rounds).

Depending upon the trainee's particular clinical interests, supervisors may include Drs. Anderson (ABPP), Clason, Czipri (ABPP), Doane (ABPP), Lamberty (ABPP), Margraaf, Miller (ABPP), Seelye, Van Voorst (ABPP), and Yamada (ABPP).

Neuropsychology Track Rotations:

Neuropsychology track interns spend a minimum of two 4-month rotations completing neuropsychological evaluations. For their third rotation, neuropsychology interns can elect to complete an additional rotation engaging in neuropsychological services or can choose from any of the other general standard track rotations (e.g., Rehabilitation Psychology, PPH, Primary Care/Health Psychology, etc.) In addition to rotations, neuropsychology track interns are required to participate in year-long intervention and assessment training through our Adjunctive Training Experiences to ensure comprehensive and generalist clinical competencies consistent with APA CoA Guidelines and Principles.

Rotations offer a broad range of experiences through the general Mental Health Service Line (MHSL), as well as in the Physical Medicine & Rehabilitation Department (PM&R) within the Extended Care & Rehabilitation Service Line, which includes the Polytrauma/TBI Program and the Spinal Cord Injury & Disorder Center. The Polytrauma/TBI program is a particularly unique experience given that the Minneapolis VAHCS is one of only five designated Level 1 VA Polytrauma Rehabilitation Centers in the country.

The areas described below each offer unique experiences, such as differing diagnostic questions and patient populations. These include:

General Neuropsychology (e.g., referrals from the departments of Neurology, Mental Health, Primary Care)

Rehabilitation Neuropsychology (e.g., referrals from Polytrauma/TBI program and Spinal Cord Injury Disorder Center)

Geriatric Neuropsychology (e.g., referrals from the Geriatric Research Education & Clinical Center [GRECC] and Team A).

Below is a table that lists possible schedules for the three major rotations during the internship year, including different options for interns choosing to do 1) three major rotations in neuropsychology or 2) two major rotations in neuropsychology and one major rotation outside of neuropsychology (i.e., rotation with Rehabilitation Psychology, PCMHI, SMI, Team L, etc.).

Test batteries are flexible and are modified according to the nature of the referral question and patient background. Neuropsychology competencies are developed through participation in the weekly neuropsychology seminar, brain cuttings, fact-finding, and consultation on interdisciplinary teams (e.g., GRECC Memory Clinic Team, inpatient stroke rounds, etc.).

Neuropsychology supervisors may include Drs. Anderson (ABPP), Clason, Czipri (ABPP), Doane (ABPP), Lamberty (ABPP), Margraaf, Miller (ABPP), Seelye, Van Voorst (ABPP), and Yamada (ABPP).

	Rotation 1	Rotation 2	Rotation 3
Intern 1	General Neuropsychology	Rehabilitation Neuropsychology	Geriatric Neuropsychology
Intern 2	Rehabilitation Neuropsychology	General Neuropsychology	Rehabilitation Psychology
Intern 3	General Neuropsychology	General Neuropsychology	Rehabilitation Neuropsychology
Intern 4	Geriatric Neuropsychology	Primary Care-Mental Health Integration	General Neuropsychology

Older Adult Mental & Behavioral Health Team ("Team A"):

In an outpatient setting, Team A delivers patient-centered specialty mental and behavioral health care aimed at enhancing the well-being and quality of life of older veterans and their families. The interdisciplinary Team A is comprised of psychiatrists, social workers, nurses, psychologists, and pharmacists who serve veterans over the age of 60 through diagnostic assessment, patient interventions, education, training, and research.
On this rotation, the intern can develop competencies in the assessment, conceptualization, and treatment of numerous psychiatric and neuropsychiatric conditions in an older adult population. Based on the individual intern's training needs and goals, activities on this rotation include comprehensive diagnostic intakes utilizing data from a variety of sources (interview, cognitive screens, self-report measures, and direct staffing of the case with a geropsychiatrist). Additional training in cognitive and neuropsychological assessment is also available. Furthermore, the Team A rotation provides training in diverse interventions including cognitive-behavioral, acceptance and commitment, solution-focused, mindfulness-based, and behavioral approaches. Opportunities may be available to develop/lead group programming for our patients and their families.
Didactics and interdisciplinary consultation are also an important part of the team experience. Namely, the psychology intern on this rotation will attend weekly journal club with staff and other trainees (psychiatry fellows and residents; pharmacy residents). The intern actively participates in the weekly interdisciplinary team meeting where time is spent presenting cases and discussing treatment planning. The psychology intern will likely have opportunities to work alongside staff and trainees from different disciplines (psychiatry fellows and residents; pharmacy residents) assisting with appointments and family meetings.

Supervisors: Dr. Doane (ABPP).

Psychiatry Partial Hospitalization (PPH):

The mission of the PPH program is to restore and promote the psychiatric recovery of veterans who are dealing with an acute psychiatric and/or substance related problem that is interfering with day-to-day social, vocational, interpersonal, and/or educational functioning. PPH is a structured, milieu-based, group program with a duration of 3 weeks. Referrals are accepted from the inpatient psychiatric ward, outpatient providers, and rural Community Based Outpatient Clinics. PPH staff utilize a variety of therapeutic approaches, including cognitive behavioral therapy, motivational enhancement, dialectical behavior skills training, behavioral activation, and behavioral rehearsal. The program uses an interdisciplinary approach with psychiatry, psychology, social work, nursing, and recreational therapy staff working together, in collaboration with each veteran's other treatment providers, to provide comprehensive psychiatric interventions. Each veteran is assigned a Treatment Coordinator whose primary responsibility is the development of the treatment and discharge plans.

During the first several days of attendance, veterans participate in an interdisciplinary assessment to evaluate psychiatric status, assess psychosocial needs, review medical background, complete safety planning, identify treatment goals, and assess readiness to make desired changes. Veterans often receive a comprehensive psychological assessment, using assessment instruments such as the MMPI-2-RF or the PAI. Additional assessments such as vocational assessments may also be completed. Results of the assessments are used in the development of the PPH treatment plan.

Primary Program Elements: Primary program elements include psychological assessment, psychiatric evaluations and medication management, My Action Plan (MAP), group psychotherapy, CBT/DBT skills groups, mind-body skills groups, PTSD recovery skills groups, substance-related recovery groups, individual treatment coordination and treatment planning sessions, individual motivational enhancement sessions, skills training classes for anger management, assertiveness, relaxation, and sleep hygiene, vocational assessment and interventions as needed, recreational therapy assessment and interventions, Family & Friends Day programming, and creative arts interventions. Interventions may be delivered in person or via telehealth, depending on the state of the pandemic.

Supervisor: Drs. Breuer, Broden, Ferrier-Auerbach (ABPP), Langer, and Lewis.

Primary Care-Mental Health Integration (PC-MHI):

Trainees in this setting function as interdisciplinary team members within primary care and assist in managing the overall health of the primary care population. Goals of this integrated, biopsychosocial model of care include increased accessibility to mental health services and consultation for all patients and primary care staff. We focus on early identification and intervention (individual and group) for a broad range of mental health

problems, while eliminating common barriers to mental health care. Within this model, trainees will provide immediate, onsite consultation, administer targeted screening and assessment measures, and deliver brief, solution-focused treatment. Strong interpersonal communication skills, collaboration, and teamwork are essential in this model of care. Trainees will encounter a wide range of presenting problems to include depression, anxiety, PTSD, substance use problems, insomnia, interpersonal problems, adjustment problems, and somatic concerns. All trainees will co-locate in a primary care clinic and will staff the PC-MHI access phone one half-day per week, during business hours. Primary care clinics may include the Post-Deployment Clinic, Women's Comprehensive Health Center, Resident's Clinic, or general Primary Care Clinics. If interested, additional opportunities include:

- Managing Chronic Conditions: Evaluate and provide services aimed at managing chronic conditions (e.g. diabetes) and health interfering behaviors (e.g. smoking). Co-lead shared medical appointments (SMA's) with primary care staff.
- Chronic Pain: Evaluate and treat complex chronic pain using evidence-based treatments. Co-lead ACT and Women's groups.
- Oncology: Work with newly diagnosed cancer patients.
- MOVE: Provide individual and group services for the VA weight management program for obesity.

Supervisors: Drs. Bemmels, Bronars, Crowl, Moore, Possis, Skroch, and Scott.

Rehabilitation Psychology:

This rotation takes place within the Rehabilitation and Extended Care (REC) Department. Trainee experiences may include work with any of the following patient populations: polytrauma/traumatic brain injury, stroke, amputation, spinal cord injury and related disorders, chronic pain, hospice/palliative care, dementia care, and other complex medical conditions. On the Rehabilitation Psychology rotation, trainees will specialize in one or two of the above listed rehab areas within the REC service line. Trainees will function as members of the interdisciplinary treatment team along with physiatrists, occupational therapists, physical therapists, recreation therapists, speech therapists, dietitians, pharmacists, neuropsychologists, psychologists, vocational rehabilitation specialists, social workers, rehabilitation nurses, chaplains, vision specialists, and respiratory therapists, art and music therapists. Trainees will have opportunities to participate in acute inpatient and outpatient assessment and intervention, including individual and group psychotherapy, behavioral interventions, consultation and co-treatment with other members of the rehabilitation team, cognitive assessment, diagnostic evaluations, patient rounds, vocational rehabilitation, psychoeducation, and family conferences. Opportunities are also available for group and/or individual interventions with patients' family members.

Research involvement is an option depending on trainee interests. Data are currently available to examine short- and long-term consequences of mild to severe TBI, nature of mild TBI and post-concussive symptoms, prediction of rehabilitation outcomes,

psychological and neuropsychological assessment with rehabilitation populations, pain and pain-related rehabilitation, and community reintegration.
Supervisors: Drs., Bauste (ABPP), Blahnik, Collins, Finn, Gause, Hachiya, Heideman, Howard, Irish, Johnsen-Buss (ABPP), Jones, Kellerman, Lamberty (ABPP), McGuire, Petska, Shollenbarger, and Sim (ABPP).

Team B (Mood and Anxiety Disorders, General Psychiatry):
This team specializes in mood and anxiety disorders and also treats veterans with other mental health problems, including personality disorders. The team is staffed by psychologists, clinical social workers, licensed practical nurses, staff nurses, an advanced practice nurse, psychiatrists, and support staff. Team members represent diverse theoretical perspectives and employ intervention models that include acceptance-based, cognitive-behavioral, and interpersonally-oriented approaches. This rotation emphasizes diagnostic evaluation and intervention. Trainees work with their supervisors to develop individualized training plans, which may include personality assessments, individual psychotherapy, couple therapy, group psychotherapy, psychoeducational classes for veterans, and participation in multidisciplinary treatment planning. Opportunities for telemedicine and for projects related to clinical program management and research are also available.

Supervisors: Drs. Chu, Hess, Perry, Mosher (ABPP), Robison-Andrew, and Urošević.

Trauma Services - Team L:
This rotation provides training in the assessment and treatment of patients with acute and chronic trauma-related disorders. Through clinical experience, supervision, and didactic training, trainees can expect to develop a comprehensive understanding of the sequelae of trauma and treatment approaches for trauma-related disorders. Skills developed on this rotation include: diagnostic interviewing, psychological assessment using objective testing and interview, psychotherapy with individuals, families, and groups, and consultation to the multidisciplinary team. Trainees also have the opportunity to participate in psychoeducational activities. Treatment orientations include cognitive-behavioral, family systems, and narrative, but there is an emphasis on empirically supported treatments including Acceptance and Commitment Therapy, Cognitive Processing Therapy, Dialectic Behavior Therapy, and Prolonged Exposure. Trainees have the opportunity to fully participate in these activities and function as an active member of a multidisciplinary team.

Supervisors: Drs. Andrews, Battles, Chuick, Hass, Kaler, McManus, Morris, Voller, and Wagner (ABPP).

Team Z (Serious Mental Illness):
This is an interprofessional team that serves veterans who are living with serious mental illness such as bipolar disorder, schizophrenia and other psychotic disorders, although veterans with other diagnoses are also seen.

Team members promote the use of evidence-based practices and have been specifically trained in a variety of intervention models. Although some clinicians may assume that biological abnormalities in psychotic disorders justify only somatic (medication management) treatment, there is a vast need for psychological and psychosocial interventions with these individuals. We adhere to the philosophy of the Psychiatric Rehabilitation Association (PRA)in providing psychosocial rehabilitation and recovery-oriented services to focus on a person's strengths and to help them live a fulfilling and productive life while also living with SMI. Our primary goal is to promote the individual's mental health recovery, measured not only as a reduction in symptoms but also as decreased distress and enhanced overall functioning, which includes improved relationships and life satisfaction. Our emphasis is to involve veterans in client-centered treatment planning and to help them learn skills necessary to attain the highest level of functioning in the community. To facilitate this, some staff members have obtained their credential as a Certified Psychiatric Rehabilitation Practitioner (CPRP).

Trainees develop competence in the conceptualization and assessment of psychosis and other psychiatric symptoms, as well as in the assessment of cognitive and social functioning. Trainees working with the team will have the opportunity to participate in team intake evaluations, objective psychological assessment, cognitive screenings, and neuropsychological evaluations. Training opportunities also exist for individual therapy, psychoeducation, skills groups, other group therapy, and couples or family interventions. Further, trainees may have the opportunity to provide consultation to other mental health teams as well as the greater medical center. Another element of the rotation is potential involvement in the Psychosocial Rehabilitation and Recovery Center (PRRC). The PRRC (locally called Veterans Bridge to Recovery, or VBR) is a recovery-oriented milieu treatment program for individuals with serious mental illnesses. It is a long-term program with emphases on skills training, healthy living, and community integration. The program utilizes a variety of evidence-based treatments such as Wellness Management and Recovery, Wellness Recovery Action Planning, Family Psychoeducation, and Social Skills Training. PRRC clinicians spend a significant portion of their time in the community with veterans participating in group activities that enhance skills for community living. Trainees working in the PRRC have opportunities to conduct intake assessments, psychosocial rehabilitation counseling/coaching, educational groups, collaborative treatment planning, community integration outings, and to work across teams and programs to help veterans with SMI access needed cares.

Presently, clinical intervention research on Team Z/VBR is focused on evaluating the efficacy of interventions for individuals with serious mental illness. One intervention, Roll for Recovery (Dungeon and Dragons based role playing game) is the focus of ongoing investigations. Other research studies are on hold due to the COVID-19 pandemic, including evaluation of Family Psychoeducation and a social-cognitive skills training group.

Trainees with the team will have the unique opportunity to be involved in the Interprofessional Practice and Education (IPE) training program. This is a program housed within Team Z offering specific educational instruction and clinical experiences that are designed to allow trainees from multiple disciplines (Pharmacy, Psychology, and Social Work)to learn with, from, and

about each other. The IPE program places deliberate attention to the development and exploration of team process, not just clinical content and specific tasks to be completed. Clinical experiences are emphasized, so that trainees will see the connection between their educational experiences and ongoing clinical practice. The goal of the IPE program within Team Z is to facilitate interprofessional collaboration (IPC) which is considered to be a key to enhancing mental health services provided to clients, families, and associated providers in the community; improving patient outcomes, cost efficiency, health care satisfaction; and training clinicians who are prepared to function in patient-centered, team-based models of mental health outpatient care.

Clinical Supervisors: Drs. Hegeman (ABPP), McKinley, Nienow, Quinlan, Rodgers

Adjunctive Training Experiences

Trainees select training in two to four adjunctive experiences. Each averages about four hours per week. Twelve month-long adjunctives are denoted with *. Otherwise, adjunctives are six months. As indicate below, some adjunctives are available in the context of major rotations.

Acceptance and Commitment Therapy (ACT):

ACT is a functional contextual therapy that views psychological problems dominantly as problems of psychological inflexibility. ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility. Training includes didactic presentations, experiential exercises, and review of clinical material including audio- or video-recorded therapy sessions in weekly small group supervision. Trainees are expected to conduct individual therapy with two patients.

Supervisor: Drs. Henningsgaard and Hess.

Administrative Experience:

Trainees may elect to obtain administrative experience with psychologists who are actively involved in clinical administration. This experience will involve some didactic, shadowing and completion of an administrative project.

Anxiety Interventions Clinic (AIC):

The AIC is a national VA award-winning training program focused on developing competency in providing diagnostic assessments and empirically supported treatments to individuals with anxiety disorders or anxiety-based difficulties (e.g., trichotillomania, healthy anxiety, etc.) . Techniques include but are not limited to diagnostic assessment, psychoeducation, cognitive therapy, and exposure therapy. Trainees can expect to gain experience in assessment and differential diagnosis of anxiety disorders using standardized forms and structured interviews, and in the application of cognitive behavioral therapies for specific anxiety disorders. Trainees will become familiar with the empirical literature regarding the nature, assessment, and treatment of anxiety disorders, and are encouraged to utilize

process and outcome measures to track therapy progress as a part of standard care. Critical thinking and professional development are emphasized. The training setting is interprofessional and supervision is provided from an integrative stance that includes CBT and ACT approaches.

Supervisor: Dr. Robison-Andrew.

Cognitive Behavioral Social Skills Training (CBSST):
This training is targeted towards individuals with serious mental illness (SMI), including schizophrenia and other psychotic disorders. The program utilizes techniques from cognitive behavioral therapy and social skills training that are implemented within a group format, which is augmented with individual sessions and consultation with other involved providers. Specific targets include modifying maladaptive thoughts, coping with persistent symptoms, identifying and monitoring warning signs of decline, developing a Wellness Plan, increasing problem-solving skills, promoting effective conflict management and improving communication skills. This differs from traditional supportive group therapy in that veterans' current concerns are addressed through learning and applying new skills to their everyday experiences. The intention is to improve quality of life and social functioning for veterans with SMI, thus we work primarily within a "recovery" model. In addition, there is an emphasis on generalizing skill use to the community. Skills acquired include case conceptualization from a CBT approach, techniques of the CBSST intervention, assessment of psychotic symptoms and other areas of patients' functioning, familiarity with relevant empirical literature, peer supervision, and multidisciplinary consultation.

Supervisors: Dr. Hegeman (ABPP) and Quinnlan

Cognitive Processing Therapy (CPT):
CPT is an evidenced-based, manualized, time-limited (12 weeks) treatment approach for trauma-related symptoms. Symptoms are conceptualized as developing from an inability to resolve conflicts between the traumatic event and prior beliefs about the self or others, as well as the consequent avoidance of a range of strong affects such as anger, shame, guilt, and fear. CPT treats trauma-related symptoms within the framework of a “recovery” model. The primary focus is on cognitive interventions, and treatment is structured such that skills are systematically built upon throughout the course of therapy. Treatment elements include psychoeducation, emotional processing, and cognitive interventions. Process and treatment outcome measures are used to track therapy progress as part of standard care. The CPT clinic provides training consisting of a two-day workshop, didactics, weekly case consultation, and participation as a CPT therapist.

Supervisors: Drs. Curry and Petska

Dialectical Behavioral Therapy (DBT)*:

Dialectical Behavioral Therapy (DBT)*: DBT is an empirically supported, cognitive-behavioral therapy, developed to treat patients with traits of Borderline Personality Disorder, specifically emotion dysregulation, distress tolerance, and interpersonal difficulties. Patients attend weekly individual therapy, group skills training, and have DBT phone coaching available to the duration of treatment (typically 6-12 months). The DBT adjunctive is available as a half-year (fall only) or full-year experience. In the fall, trainees (both half and full year) participate in a 2.5 day intensive introduction to DBT, attend a weekly seminar that includes readings and discussion on the theory, science, and practice of DBT, and co-facilitate a DBT Skills Group. Trainees electing to participate in DBT for the full year will also serve as a primary individual DBT therapist for 2-3 patients and attend weekly DBT team consultation in the second half of the year. All trainees will attend weekly individual supervision that includes feedback on session videos, group facilitation skills, and discussion about professional development as a DBT therapist.

Supervisor: Drs. Andrews Wiebusch, James, Jordan, Morris, Rudolph, and Voller

Family Therapy Training Clinic (FTTC):

This clinic provides trainees in psychology with experience in assessment and treatment of couples and family-related mental health concerns. An emphasis is placed on empirically based couples therapy using Integrated Behavioral Couples Therapy (IBCT). The clinic format includes, readings, didactic presentations (augmented through videotapes), and couple therapy experience. Each intern is assigned two couple therapy cases. All sessions are videotaped, and supervision occurs in a group setting. Skills acquired include couple and family assessment, case conceptualization, basic techniques, and peer supervision

Supervisor: Dr. Chuick

Motivational Interviewing (MI):

MI is a directive, client-centered therapeutic style for eliciting behavioral change by helping clients explore and resolve ambivalence about making changes. The therapist uses the MI approach to help clients resolve ambivalence, develop motivation for change, define treatment goals, and develop a plan for change. The MI training adjunctive includes an initial 2-day introductory training, followed by 6 months of weekly group supervision. The introductory training consists of learning about the MI Spirit and the MI Method, developing core MI clinical skills, and learning how to apply these skills to identify, elicit and effectively respond to “change talk,” to effectively respond to “sustain talk,” and to develop a successful change plan. The weekly group supervision includes readings and discussions of didactic material, review/coding of sample MI sessions, review/coding of videotaped sessions of trainees and patients, and role-playing. Trainees will participate in a small number of brief individual supervision meetings to discuss individual training goals and review progress of MI skill development. Trainees are also responsible for leading a presentation/discussion on a specialized MI topic of his/her choosing during one of the group supervision meetings.

Supervisors: Drs. Hamdi and Saxbi

Prolonged Exposure (PE):

PE is an evidence-based, cognitive behavioral treatment for PTSD in which clients engage in individual therapy to help them process traumatic events and thus reduce trauma-induced psychological disturbances. Twenty years of research have shown that PE significantly reduces the symptoms of PTSD, depression, anger, and general anxiety. The standard treatment program consists of nine to twelve, 90-minute sessions. Treatment components include psychoeducation, in- vivo and imaginal exposure procedures. The PE clinic provides training consisting of didactics, a video instruction series, and weekly multidisciplinary case consultation. Opportunities are available for trainees to serve as individual therapists.

Supervisors: Drs. Ferrier-Auerbach (ABPP) and Voller. [can be available as part of the Team L (Trauma) Rotation]

Psychological Assessment Clinic*:

The Assessment clinic is a required experience for all interns. Through this year-long group training experience, trainees conduct a range of assessments for the purpose of psychodiagnosis and treatment planning. Competencies emphasized include diagnostic interviewing, intellectual assessment, personality assessment, and the provision of consultation and peer supervision. Trainees can expect to become familiar with the relevant research. With the group supervision format, there are significant opportunities for peer supervision.

Supervisors: Drs. Kaler and Siegel (ABPP).

Time-Limited Dynamic Psychotherapy (TLDP):

This adjunctive training experience provides integrative instruction in Time-Limited Dynamic Psychotherapy (TLDP) and the principles of Accelerated Experiential Dynamic Psychotherapy (AEDP). TLDP is an attachment-based, empirically supported, brief approach that emphasizes experiential growth and healing for veteran who struggle with long-standing challenges with relating to others. The therapy focuses on experiential growth through the therapeutic relationship. It requires being attuned to the client, staying aware of one's countertransference; recognizing transference–countertransference reenactments; and providing corrective, interpersonal experiences in the therapy relationship. The goal is not symptom reduction, per se, but rather to change ingrained relational patterns. Therapy is typically 16 sessions and this therapy is particularly effective for veterans with long-standing insecure attachment and chronic interpersonal and intrapersonal challenges. Trainees participate in a group supervision model of training to learn and apply TLDP with a minimum of one patient during the course of the 6-month training clinic. Competencies acquired include case conceptualization and application of TLDP as well as peer consultation. Supervision also embodies TLDP principles and is founded on stances of loving-kindness and transparent self-honesty.

Supervisor: Dr. Wagner (ABPP)

Vocational Psychology:
This rotation takes place within the VHA Vocational Rehabilitation program under the supervision of trained and credentialed psychologists in the area of employment and vocational rehabilitation. Trainees can expect to learn the interplay between the world of work and veteran's readiness to return to work and manage clinical issues that come into play as barriers to employment: mental health, TBI, PTSD, musculoskeletal, pain, personality. Trainees will also get exposure to full spectrum of employment transition models and apply psychological interventions to enhance motivation and commitment. The psychologist's role in vocational and employment services will be examined, including the role of assessment, intervention and consultation with VA and community providers. This rotation will also include opportunity to interact with employers, conducting trainings, workshops and consulting on best practices for recruiting and retaining Veterans with and without disabilities.

Supervisors: Drs. Battles, Broden, and Angela Sherburne.

Research

Consistent with our Scientist Practitioner model, trainees have the option to participate in research with a staff mentor as part of their internship training. See the Research Page for details regarding research staff and existing projects. Research adjunctives are 12 months long.

Seminars

Interns are required to attend weekly seminars that emphasize the development of competency, critical thinking abilities, knowledge, and professional identity. Several seminars have a didactic component where a number of nationally recognized figures and VA staff provide educational presentations on research, assessment, interventions, and professional issues. Interns take an active role in selecting training topics and consultants.

Mentorship

Each intern is matched to a mentor/advisor for the training year. The mentor's role is to help the intern negotiate the internship program, integrate feedback from various supervisors, and plan for post-internship goals. Mentors meet with interns at least once per training trimester.

Time Allocation

The following table illustrates the approximate time devoted to various training

experiences and possible combinations of rotations and adjunctive training experiences for Standard Clinical Track interns and Neuropsychology Track interns. Time estimates are based on a 40-hour week.

Major Rotations	Approximately 24 hours per week
Assessment Clinic	Approximately 4 hours per week
Adjunctive Experience 1	Approximately 4 hours per week
Adjunctive Experience 2	Approximately 4 hours per week
Didactics and Readings	Approximately 4 hours per week

Diversity Awareness, Sensitivity, and Training

The Minneapolis VAHCS and the Psychology training programs are deeply committed to the training of future psychologists from a culturally competent framework and fostering an environment that is highly sensitive to and appreciative of all aspects of diversity. We believe that increased self-awareness and appreciation for other viewpoints and cultures make psychologists more effective practitioners, scientists, and teachers. Additionally, acknowledgment of historical systems of oppression is critical in changing the status quo. For these reasons, sensitivity to individual differences and cultural diversity is an integral part of our training philosophy.

The Minneapolis VAHCS Psychology Training Programs strongly support and strive to provide training consistent with the CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit.

The recent murders of George Floyd and Daunte Wright in our local community, along with the COVID-19 pandemic, have highlighted the continuation of long-standing racial injustices and disparities in our society. These events have prompted our facility and training programs to take a closer look at ourselves and have hard and needed conversations about our own role in cultivating equity, justice, and anti-oppressive practices. The psychology training program is committed to real change at VA, local, and national levels, and we welcome trainee involvement in these endeavors. Some examples of recent initiatives are noted in the section below, "Involvement in Policy Change."

Our overall objective is to provide trainees with the skills and knowledge to leave their training year to provide clinical services across cultures and diverse settings. Internship and residency are training years focused on the implementation of graduate school knowledge and the acquisition/enhancement of clinical skill. Consistent with this aim and the program's culture and diversity training philosophy, training is focused on learning how to integrate diversity-related knowledge, skills, awareness and sensitivity into clinical services. A specific emphasis is placed on incorporating prior/current diversity-related concepts and knowledge into evidence-based therapy and assessment practices.

Culture and Diversity Training Program Philosophy:

The psychology programs are devoted to cultural and structural competencies and are predicated on the idea that psychology practice is enhanced when we develop a broader and more adept view of what it is to be human – with our many individual and cultural differences. We believe that our practice advances when we make a conscious intent to use our skills, knowledge, awareness, and sensitivity to effectively communicate and function

within any given diverse context or encounter. Consequently, our approach to cultural competency training focuses on the following key domains for both training staff and trainees:

Cultural Skill: We subscribe to the belief that cultural competence is not only comprised of values and principles but a set of demonstrated skills (e.g., knowledge, awareness, sensitivity, etc.). Furthermore, we regard cultural competence as an extension of the therapeutic relationship and, as such, vital to the repertoire of clinical skills of any psychologist.

Cultural Knowledge: Historically, programs have relied on a content-based approach to deliver cultural knowledge. However, this training method is inefficient, as it is not feasible or reasonable to learn and retain facts about all diverse groups. Through this approach, trainees often learn broad cultural knowledge about highly heterogeneous groups instead of learning how to efficiently gather cultural knowledge when needed to facilitate their therapeutic encounter. We strongly believe that being knowledgeable about an individual's unique worldview (e.g., values, beliefs, etc.) is essential for cultural competency. Our objective is to equip trainees with the skill to know how to effectively gather cultural knowledge from several sources to best serve the healthcare needs of individuals from diverse backgrounds. We believe that understanding the systemic and structural oppression that has and continues to oppress marginalized groups is key to not only providing culturally competent psychological services but also to effecting change at a systemic level.

Cultural Awareness: While the skill of gathering cultural knowledge is a key component of cultural competency, cultural awareness and sensitivity are at the heart of the cultural competency experiential process. For this reason, the Minneapolis VAHCS places high value and focus on cultural awareness training, both as a valued perspective and demonstrable skill. In addition, our goal is to avoid any further perpetuation of the consumer model of cultural and diversity training where psychology trainees learn cultural information (content-based didactics with facts about diverse groups) without being challenged to demonstrate an understanding of how their personal attitudes and biases affect how they understand and interact with individuals who are different from themselves. Our objective here is twofold: a) foster and/or promote a perspective that values cultural awareness, and b) assist trainees and staff in refining the life-long skill of self-examination and self-awareness. To this end, our training program includes awareness training through a variety of means provoking self-reflection.

Cultural Sensitivity: Like cultural awareness, cultural sensitivity requires a change in attitude. Cultural sensitivity is a highly complex interpersonal process that leads to a perspective where one genuinely values and respects diverse worldviews. This attitude embodies openness and flexibility when working with individuals from diverse backgrounds. While cultural awareness forms the initial foundation of cultural competency (i.e., becoming conscious of personal cultural values, beliefs, and

perceptions), cultural sensitivity is the catalyst or experiential process where one becomes simultaneously a) aware of our personal worldview, b) aware of our patient's worldview, and c) willing/able to foster a therapeutic alliance where both perspectives are harmoniously integrated in assessment and treatment. From a demonstrable skills perspective, we believe that cultural sensitivity relies on several skills including the skill of self-reflection (i.e., awareness) and effective gathering of cultural knowledge.

Cultural Humility: The training program has a strong commitment to fostering a culture of personal and structural introspection, reflection, and non-defensiveness with regard to aspects of culture and diversity. We are well aware that this is an ongoing and lifelong learning process. Therefore, we must be humble and flexible, bold enough to look at ourselves critically, and invested in learning more, as individuals, as a training program, and as an institution.

**** The information and initiatives outlined above come from an ongoing diversity training initiative by the Minneapolis VA Psychology Training Programs that started in 2016. The goal was and continues to be to improve the quality of the cultural diversity training that we offer as well as increase the individual and cultural diversity of our training classes.*

Seminars and Didactics

The Diversity Seminar is a monthly training didactic for psychology pre-doctoral interns and post-doctoral residents. Attending this seminar is required of trainees. The curriculum for the seminar is based on our Culture and Diversity Training Program Philosophy of developing greater cultural knowledge, awareness, sensitivity, and skills. For example, multicultural assessment and intervention practices are reviewed and practiced via role-play during the seminar. Cross-cultural case examples are used to teach trainees how to be more effective in multicultural assessment and intervention. Trainees are challenged to reflect on the cross-cultural experiences they have had during their training year through monthly written reflection assignments used to increase awareness and sensitivity to cultural factors.

- Understanding multicultural Intersectionality
- Becoming a more socially just psychologist
- Self-reflection on our own biases in clinical settings
- Putting acculturation knowledge into clinical practice
- Performing a culturally competent clinical assessment
- Bystander Intervention Training for Workplace Harassment

Diversity-Related Training Opportunities:

Training at a Veteran's Affairs Health Care System provides unique opportunities for

working with patients having diverse, intersecting cultural identities including military/veteran culture, age, sexual orientation, gender and gender identity, disability, socioeconomic status, race and ethnicity, and religion. Opportunities for working with aspects of diversity are available across training opportunities and rotations. Your supervisors will work with you to create an individualized training plan that meets your personal goals. Population-specific training opportunities also include the following:

Rural Communities

In addition to our large medical center in Minneapolis, our VA includes 13 community outpatient clinics providing services to Veterans in outstate Minnesota and western Wisconsin. Thus, our health center serves veterans from diverse urban, rural, and suburban communities. While rural communities have historically been underserved with regards to access to mental health treatment, the VA has been closing that gap (Mott et al., 2015). Trainees at the Minneapolis VA have the opportunity for providing services using telehealth across training opportunities, including neuropsychology, if interested.

Age and Generational Differences

Veterans of diverse ages and military eras are seen in all clinics of the Minneapolis VAHCS. In addition, there are specific training opportunities available in the Older Adult Mental & Behavioral Health Team, working with veterans over age 70, and providing Primary Care-Mental Health Integration services for younger cohorts of veterans returning from deployment. Younger veterans are also seen in all clinics, and notably in post 9/11 transition care.

Women Veterans

Women make up the fastest growing group of veterans. Training opportunities are available for working with women veterans across mental health teams at the Minneapolis VAHCS, and through Primary Care-Mental Health Integration in our Women Veterans Comprehensive Health Care Center. All mental health teams at the Minneapolis VA have women Veteran champions. Training opportunities may include the possibility of co-facilitating women's groups for chronic pain and/or sexual health.

Sexual Orientation and Gender Identity

The Minneapolis VAHCS is committed to providing affirming services to veterans with sexual or gender minority identities. Estimates from a 2014 study reports approximately 150,000 transgender individuals have served in the armed forces, although this is likely an underestimation. Transgender and non-binary individuals are overrepresented in the veteran population, serving at twice the rate as the cisgender population (20% vs. 10% respectively). As one of the largest healthcare systems dispensing care for transgender or gender diverse individuals, the VA seeks to provide comprehensive, gender-affirmative care services. All mental health teams have transgender care champions. Individuals with sexual and gender minority identities are seen in all clinics at the Minneapolis VAHCS. There are also training opportunities available in working with

Veterans seeking gender-affirming care, including hormone therapy and procedures. Click on the following link to go to the Minneapolis VAHCS LGBT web page.

Disability

There are numerous opportunities to work with veterans with disability, especially through our Rehabilitation Psychology rotation and APA-accredited postdoctoral fellowship. *Additional specific experiences include rotations within our Spinal Cord Injury unit, Pain Clinic, Polytrauma Unit, and with evaluations such as for cochlear implants.*

Racial and Ethnic Diversity

The US Department of Defense releases information about the makeup of the military. In fiscal year 2018, for example, 31.0% of Active Duty Servicemembers and 26.1% of Reserve and Guard Servicemembers self-identified as a racial minority. Within the Minneapolis VA system, there are multiple opportunities to work with people of color or people who represent ethnic minorities across all major rotations and adjunctive experiences, or with the Race-Based Stress and Trauma intervention designed for BIPOC veterans (Carlson et al., 2018).

Involvement in Policy Change

In 2019, the Psychology Training Diversity Enhancement Council (PTDEC) was formed to advise the psychology training committee about how to continuously improve the program's commitment to and awareness of diversity. Currently, the group is comprised of several staff members, intern representatives, and postdoctoral fellow representatives. Projects have included conducting a diversity climate survey and using the results to inform changes within our MH service line, making changes to staff hiring processes in an attempt to reach a broader and more diverse applicant pool, incorporating equity considerations more explicitly into the internship application process, implementing a mentorship program, and increasing staff access to trainings in the areas of diversity and multicultural competence.

Living in the Twin Cities

The metropolitan area of Minneapolis and Saint Paul are often referred to as the Twin Cities, due to the geographical proximity of these two cities. Recent population estimates of the Twin Cities are over 3 million, with much of the population residing within the Minneapolis and Saint Paul city limits. Between 1990-2000 the metro area had a 127% increase in foreign-born population. The Twin Cities has the largest American populations of Somali, Vietnamese, and Hmong; many consider Minneapolis an immigrant entryway to the US. Minneapolis has the fourth highest per capita percentage of LGBT individuals among all US cities. The Twin Cities Pride Festival occurs annually in June and is third largest pride celebration in the country, behind New York and San Francisco.

Like other large metropolitan areas, the Twin Cities has two airports (Minneapolis-Saint Paul International Airport, St. Paul Downtown Airport), an extensive freeway system, and easy to use public transportation. While many residents in the Twin Cities commute by driving, other modes are transportation are widely used. These include use of city and suburban buses, Metro Transit Light Rail, and bike commuting. In fact, the number of Minneapolis bike commuters ranks third in the nation among cities of more than 100,000. This is in large part due to the city's investment in infrastructures such as bike lanes, paved bike trails, and bike sharing. There are many opportunities to spend time involved in outdoor recreation. For example, the city Minneapolis has over 83 miles of off-street trails, 22 lakes, and 12 formal gardens. Many outdoor recreation areas are also accessible for persons with disabilities. Minneapolis park system was rated #1 for the 6th year in a row and over 97% of its residents live within a 10-minute walk from a park.

The Twin Cities area provides an array of cultural opportunities including numerous festivals, LGBTQ events, music venues, advocacy groups, and involvement in faith communities. Visit Explore Minnesota for more information about Minnesota events and activities.

Twin Cities Diversity Related Demographics

- Estimates 23-35% ethnic minorities (non-white identified people). The percentage is expected to increase to 40% by 2040. There has been a 20% growth in the people of color population since 2010 in Minnesota as a whole.
- We don't have good statistics, but the Twin Cities has generally been a relatively LGBT affirming community. Right to marry, large LGBT population, thriving PRIDE festival, etc.
- Roughly 10.9% of Minnesotans have one or more disability, with Minneapolis and St. Paul housing the largest population of persons with disabilities in the state.

COVID-19 Impact on Training

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Minneapolis VAHCS psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve for the 2022/2023 training year.

With confidence, we can say that there will likely be a mix of on-site and remote telehealth work, based on patient care, training needs, federal requirements, and APA-accreditation standards. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials.

Although a lot has happened since the spring of 2020, when trainees and staff abruptly shifted to providing clinical services and training remotely, our dedication to high-quality clinical care and psychology training and our dedication to the trainees themselves has never been stronger. These will always be cornerstone elements of the Minneapolis VAHCS psychology programs. This we can predict!

We will update our public materials as we know more about what will be for the 2023/2024 training year. Please feel free to reach out to us if you have any questions. Contact information can be found at the bottom of the Application Process page.

Research Training Experiences

Interns who choose research training as an adjunctive will collaborate with one of our funded psychologist clinician Investigators conducting research at the Minneapolis VA Medical Center or the University of Minnesota. Interns are matched with a staff clinician investigator who will serve as the intern's research preceptor. The research preceptor works closely with the intern to develop and execute an individualized research training plan that makes use of existing data sets or ongoing data collection opportunities. Preceptors and research projects will be matched based on the intern's background and training, interests, and career goals. Research activities and progress will be supervised and monitored through regular meetings between the intern and preceptor. As part of our junior colleague developmental training model, the preceptor assists the intern in their professional development as a scientist-practitioner psychologist in training. Research is year-long adjunctive training experience

As part of the research adjunctive experience, interns are expected to contribute to the development of a research product, such as authorship on a submitted manuscript, chapter, or peer-reviewed conference presentation. Products and level of authorship will be commensurate with the intern's level of involvement in the project. Interns are encouraged to attend and present at a scientific or professional meetings, and some funding for travel or tuition may be available. In addition to the four hours per week allocated for each adjunctive experiences, additional time both on and off site can be used for research depending on an intern's individual goals and the complexity of the research project. Anything worked beyond the 40-hour week is optional. Interns wishing to submit multiple manuscripts for publication, for example, often devote additional time. Research time devoted per week will vary over the course of the training year. Steps are taken to ensure that research time demands are not excessive since the main focus of internship is clinical training. Interns wishing to gain experience with other aspects of the research process (e.g., grant preparation and submission, editorial activities) may do so either as part of their research adjunctive or as a separate administrative adjunctive experience. The bottom of the Training Structure page has a table detailing the time spent in all internship activities.

Below is a list of potential research preceptors available for the upcoming training year. Each clinician investigator has an active, ongoing research program, dedicated time for research and research training, and desire to serve as a research preceptor. Since many clinician investigators are actively involved in many collaborative projects, interns may also have the opportunity to work with a research teams involving investigators at other VA medical centers, universities, and from other disciplines.

Current Grants and Research Projects

The Psychology Staff Clinician Investigators at the Minneapolis VA Health Care System offer interns opportunities to be involved in cutting edge research across a range of areas including,

psychological assessment, personality and psychopathology, neural mechanisms of psychopathology, behavioral genetics, neuropsychology, risk and resilience, sensor technologies and mHealth/ecological momentary assessment methodology, suicide risk and prevention, and randomized clinical trials evaluating treatment modalities.

Below is a list of potential research preceptors available for the upcoming training year in alphabetical order. Each clinician investigator has an active, ongoing research program, dedicated time for research and research training, and desire to serve as a research preceptor. Through various collaborative projects, postdoctoral residents may also have the opportunity to work with research teams involving investigators at other VA medical centers, universities, and from other disciplines.

The Psychology Staff Clinician Investigators at the Minneapolis VA Health Care System offer postdoctoral residents opportunities to be involved in cutting edge research across a range of areas including, psychological assessment, personality and psychopathology, neural mechanisms of psychopathology, behavioral genetics, neuropsychology, risk and resilience, sensor technologies and mHealth/ecological momentary assessment methodology, suicide risk and prevention, and randomized clinical trials evaluating treatment modalities.

Below is a list of potential research preceptors available for the upcoming training year in alphabetical order. Each clinician investigator has an active, ongoing research program, dedicated time for research and research training, and desire to serve as a research preceptor. Through various collaborative projects, postdoctoral residents may also have the opportunity to work with research teams involving investigators at other VA medical centers, universities, and from other disciplines.

Paul Arbisi, Ph.D., ABPP

Clinical Interests:

- Rapid and accurate assessment and diagnosis of psychopathology in outpatient settings to facilitate triage and treatment planning.
- Consultation with inpatient psychiatry team on diagnostically challenging inpatients. Assessment of motivation for treatment within the context of compensation seeking.

Research Interests:

- Use of the MMPI-3 to improve clinical prediction in psychiatric and medical settings
- Validation of the MMPI-3 in medical and psychiatric settings
- The contribution of personality to the development of resilience after exposure to traumatic events. Do dimensional definitions of endophenotypes better account for genetic vulnerability to the development of stress related conditions?
- Use of the MMPI-3 in detection of non-credible responding in psychiatric and medical settings
- Evidenced based assessment of PTSD

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Carol Chu, Ph.D.

Dr. Chu is a staff psychologist and clinician investigator at the Minneapolis VA Health Care System. At the University of Minnesota, she holds an appointment as an Assistant Professor in the Department of Psychiatry. She is a psychologist on Team B in the Mental Health Service Line with expertise in interventions and assessments for adults presenting with severe mental health symptoms, sleep problems, and self-injurious behaviors, including Cognitive Behavioral Therapy and Dialectical Behavior Therapy. Dr. Chu's translational suicide prevention research program focuses on enhancing identification of Veterans at high risk for suicide and facilitating connection to care. She has published over 60 peer-reviewed publications on suicide prediction and prevention. Her work incorporates longitudinal designs and multiple methods, including functional brain imaging, neurochemistry, behavioral tasks, self-report measures, and ecological momentary assessment. Dr. Chu's recent projects focus on characterizing biological, psychosocial, and clinical correlates associated with elevated suicide risk and reduced treatment help-seeking among high-risk veterans recently discharged from inpatient hospitalization. She works with interns and postdoctoral level trainees in a clinical and research mentorship capacity.

Clinical Interests:

- Evidence-based interventions and assessments for self-injury and suicide risk
- Individual and group psychotherapy for adults with severe mental health symptoms
- Dialectical Behavior Therapy
- Cognitive Behavioral Therapy

Research Interests:

- Biological, psychosocial and clinical correlates associated with suicide risk
- Transition from suicidal thoughts to suicidal behaviors
- Suicide risk and protective factors
- Acute risk populations and time periods
- Suicide risk assessments
- Treatment help-seeking

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Phone: 612-467-4426

Seth Disner, Ph.D.

Dr. Disner is a clinical psychologist and clinician investigator in the Mental Health Service Line. He also holds an appointment as an Assistant Professor in the Department of Psychiatry at the University of Minnesota. Dr. Disner's research broadly focuses on understanding the biological

and cognitive mechanisms underlying trauma-related psychopathology, including PTSD and the aftereffects of mild traumatic brain injury (mTBI). He serves as the principal investigator for the Predicting Rehabilitation Outcomes Using DNA (PROUD) study, and has collaborated extensively with local research groups and with national/international consortia that seek to power large-scale analyses of trauma-related systems. These efforts include the Psychiatric Genomics Consortium – PTSD working group, which Dr. Disner helps to lead by overseeing and coordinating all TBI efforts, and the Enhancing Neuroimaging Genetics Through Meta-Analysis (ENIGMA) workgroups on PTSD and Brain Injury. Within these collaborations, Dr. Disner has worked to understand how individual differences in trauma outcomes may be linked to genetic risk factors (including genome-wide association studies and polygenic risk scoring), neuroimaging correlates (including structural and functional MRI), and maladaptive cognitive processes (including cognitive biases and subjective cognitive complaints). Dr. Disner is also working extensively with large-scale biobanks and health record systems to power the largest-to-date genetic analysis of TBI and post-concussive symptoms. Dr. Disner has previously been extensively involved in using neuromodulation strategies to target internalizing disorders, and has worked or advised on projects that have led to the introduction of multiple novel clinical interventions, including transcranial magnetic stimulation. In addition to his supervision of MVAHCS trainees, Dr. Disner has also helped mentor undergraduate and post-baccalaureate students from local institutions, including the University of Minnesota, Macalester College, University of St. Thomas, and Hamline University.

Clinical Interests:
Providing evidence-based assessment and treatment with a particular interest in internalizing disorders such as PTSD, depression, and anxiety. Treatment modalities include:

- Cognitive Behavioral Therapy (CBT)
- Prolonged Exposure (PE)
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Imagery Rehearsal Therapy for nightmares (IRT)

Research Interests:

- Trauma-related disorders (e.g., PTSD, traumatic brain injury)
- Genetics (e.g., polygenic risk scoring, genome-wide association studies)
- Neuroimaging (e.g., structural and functional MRI)
- Cognitive assessment
- Rehabilitation outcomes

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Jacob Finn, Ph.D.

Dr. Finn is a staff psychologist and clinician investigator in the Rehabilitation & Extended Care (REC) Service Line at the Minneapolis VA Health Care System. He also is an Assistant Professor

in the Research Track at the Department of Psychiatry & Behavioral Sciences at the University of Minnesota. Dr. Finn is the Project Director for the Minneapolis Polytrauma Rehabilitation Center Traumatic Brain Injury Model Systems research program. He serves as an external member of the Mayo Clinic TBI Regional Advisory Council, and he co-chairs the TBI Model Systems Behavioral Health Special Interest Group. He also is a member of the Minneapolis VA's Family & Caregiver Support Committee. Broadly, Dr. Finn's research program focuses on ways to personalize health care services through the translation of meaningful individual differences into effective and efficient medical and mental health treatment.

Clinical Interests:
Assessment of personality traits and transdiagnostic symptom dimensions
Utilization of collaborative/therapeutic assessment techniques
Transdiagnostic treatment protocols and techniques
Service Members and Veterans who survived a TBI and their family care partners

Research Interests:
Bidirectional influence of TBI on mental health and mental health on TBI recovery
Clinical utility of dimensional models of personality and psychopathology, as well as their assessments and treatment protocols
Interpersonal functioning post-injury, including relationships with family, friends, and providers
Service Members and Veterans who survived a TBI and their family care partners

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Adriana Hughes, Ph.D.

Dr. Hughes leads the Cognition, Aging, and Technology (CAT) Lab at the Minneapolis VA. Dr. Hughes' research focuses on advancing early detection and monitoring of cognitive and daily functioning declines in normal aging, MCI, and AD/ADRD through in-home sensor-based activity monitoring technologies. Early detection of MCI and characterization of subtle daily functioning declines in MCI are important for guiding timely and targeted intervention to prevent health deterioration and loss of independence. Dr. Hughes' research has received funding through NIH/NIA, VA Research & Development, and the University of Minnesota. Dr. Hughes and her colleagues have shown that subtle changes in real-world instrumental activities of daily living, such as older adults' medication taking and driving habits, can be assessed with sensor technologies and may be early signals of MCI. Recent published work has shown that in-home activity monitoring is feasible and well-accepted in aging Veterans and has highlighted relationships between technology attitudes, technology readiness, and cognitive functioning in older Veterans with MCI and normal cognition. Current investigations include determining the real-world IADLs and IADL features that are most predictive of MCI and cognitive decline in older adults and exploring the underlying cognitive abilities that contribute to real-world IADL performance in older adults. Dr. Hughes and her colleagues are also focused on developing and testing new technology-based assessment tools and interventions for people with MCI and for

caregivers of people with cognitive impairment. Dr. Hughes uses quantitative and qualitative methods in her research, including remote passive sensor- and software- based activity monitoring, weekly and monthly web-based surveys and cognitive tests, and gold standard clinical assessments that include structured clinical interviews, validated questionnaires of mood, physical health, and daily functioning, a comprehensive battery of validated neuropsychological tests, and semi-structured interviews and focus groups. As an interdisciplinary researcher, Dr. Hughes' collaborates with engineers and data scientists, biostatisticians, and researchers, clinicians, allied health professionals, students, and trainees in psychology, public health, speech and language pathology, and rehabilitation medicine.

Clinical Interests:

- Neuropsychological evaluation for adults with a wide range of neurocognitive, psychiatric, and medical disorders
- Cognitive-compensatory skills training for adults with MCI to improve everyday functioning

Research Interests:

- Neuropsychology and everyday functioning of aging, MCI, and dementia
- Assessment and rehabilitation of cognitive and functional declines in older adults using in-home technologies

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Greg Lamberty, Ph.D., ABPP

Dr. Lamberty is a staff neuropsychologist in Rehabilitation and Extended Care (REC). His primary roles are with the Parkinson's Disease and Movement Disorders team and the Intensive Evaluation and Treatment Program (IETP), he is also a co-investigator with the TBI Model Systems program. Dr. Lamberty has an appointment as an Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. He has authored/edited three texts on a range of clinical and professional topics in clinical neuropsychology. He is a former resident of the American Academy of Clinical Neuropsychology and has been actively involved in advocacy for the field of clinical neuropsychology, including establishing the AACN annual conference and the AACN Foundation, which funds outcomes research in neuropsychology. Dr. Lamberty has been involved with establishing research programs and databases in Mental Health and REC.

Clinical/ Training Interests:

- Neuropsychological evaluation
- Normal pressure hydrocephalus and deep brain stimulation (DBS) interventions
- Supervision of neuropsychological assessments by interns and neuropsychology postdoctoral residents

Research Interests:

- Outcomes in Rehabilitation and Clinical Neuropsychology
- Impact of somatoform symptoms/presentations on neuropsychological assessment
- Assessment of patients with complex medical/psychological issues

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Tasha Nienow, Ph.D.

Dr. Nienow is a psychologist in the Minneapolis VA Health Care System and an Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. Her research has focused on examining the efficacy and mechanisms by which psychosocial, recovery-oriented interventions impact symptom severity, cognition, and psychosocial functioning in individuals with serious mental illness. She has been a PI on two VA Rehabilitation Merit Awards examining the impact of cognitive training and neuromodulation interventions on cognition in individuals with schizophrenia. A second focus of her work has been on exploring the efficacy of social cognitive skills training to improve work role functioning among veterans with serious mental illness. Dr. Nienow has presented her research findings at national and international conferences. She has served as a grant reviewer for Rehabilitation Research and Development Merit and SPiRE Review panels. Dr. Nienow provides research mentorship to psychology interns and postdoctoral residents as well as undergraduate and graduate students. Clinically, she provides evidenced-based interventions, including cognitive-behavioral therapy, family psychoeducation, Integrative Behavioral Couples Therapy, and cognitive and behavioral skills training groups. Within the VA system, Dr. Nienow has served as a national consultant and trainer in Multiple Family Group Therapy. She also provides service to the American Psychological Association as a member of the Task Force on Serious Mental Illness and Severe Emotional Disturbance and chair of the Research and Practice Committee for the Serious Mental Illness Psychology Specialty Council.

Clinical Interests:

- Family psycho-education and family education interventions for patients with serious mental illness (Multiple Family Group Therapy, Behavioral Family Therapy, Support and Family Education)
- Couples therapy (Integrative Behavioral Couples Therapy)
- Cognitive-behavioral therapy
- Cognitive and behavioral skills training for individuals with serious mental illness (Cognitive Behavioral Social Skills Training, Social Cognition and Interaction Training, Action-Based Cognitive Remediation)
- Moral injury (Adaptive Disclosure-Enhanced)

Research Interests:

- Efficacy of cognitive training and neuromodulation techniques to modify cognitive performance

- Cognitive and social-cognitive predictors of psychosocial functioning in individuals with serious mental illness
- Development of skills training interventions to improve role functioning among individuals with serious mental illness

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Melissa Polusny, Ph.D.

Dr. Polusny is a staff psychologist/clinician investigator at the Minneapolis VA Medical Center. She is also a Core Investigator in the Care Delivery and Outcomes Research (CCDOR), a VA Health Services Research & Development Center of Innovation. She holds a joint appointment as Professor in the Department of Psychiatry & Behavioral Sciences at the University of Minnesota Medical School. Dr. Polusny has been the Principal Investigator/Co-Principal Investigator (PI/Co-PI) of multiple grants funded by sources such as VA HSR&D, VA CSR&D, DOD, and NIH. She has published over 100 peer-reviewed publications in the areas of psychological trauma and posttraumatic stress disorder (PTSD). Her program of research focuses on the longitudinal study of risk and resilience processes contributing to post-deployment adjustment among National Guard service members and their families. Dr. Polusny is currently PI of an NCCIH funded multi-level longitudinal study of over 3,400 National Guard Soldiers examining mechanisms of resilience. She is also currently Co-I on numerous other federally funded grants investigating treatment for PTSD. She has served as primary mentor for multiple investigators funded by VA HSR&D Career Development Awards.

Clinical Interests:

- Provide evidence-based assessment and treatment of PTSD
- Served 10 years as national consultant and trainer in Prolonged Exposure (PE) Therapy
- Clinical supervision of PE
- Research training and mentoring of psychology interns and postdoctoral fellows

Research Interests:

- Longitudinal study of resilience and psychological risk factors associated with PTSD and post-deployment mental health
- Efficacy of psychological interventions for PTSD
- Psychological assessment of PTSD
- Dissemination/implementation of evidence-based treatments for PTSD

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Scott Sponheim, Ph.D.

Dr. Sponheim is a staff psychologist and clinician investigator at the Minneapolis VA Medical Center. At the University of Minnesota, he serves on the Graduate School Faculty, and holds appointments as a Professor in the Department of Psychiatry and an Adjunct Professor in the Department of Psychology. The goal of Dr. Sponheim's research is two-fold. The first is to characterize how genetic liability for schizophrenia is expressed in the cognitive functions, neural activity, and structure of the brain. The second is to detail essential characteristics of neural damage in blast-related mild traumatic brain injury (mTBI) and distinguish them from the effects of psychological conditions often associated with traumatic events. As Principal Investigator on projects totaling over $20 million in competitively awarded direct research funding, he has carried out inquiries into the basis of brain disorders for the past two decades at the Minneapolis VA Medical Center. In these studies, he has used electrophysiological and neuroimaging measures (magneto-encephalography, structural and functional magnetic resonance imaging) to better understand the biological basis of the conditions. He has also characterized points of genetic variation in risk genes for these conditions to examine how genes create vulnerability and affect disorder expression. Most recently this work has included use of multiple imaging modes to better describe the spatial and temporal aspects of brain abnormalities underlying psychopathology and neurological conditions. In addition to supervising trainees at the Minneapolis VA Medical Center in clinical work and research, he has been an advisor to over 20 undergraduates and eight doctoral students at the University of Minnesota and his laboratory has generated data for ten doctoral dissertations.

Clinical Interests:

- Evidence-based interventions for severe and persistent mental disorders
- Family Psychoeducation for Schizophrenia and Bipolar Disorder

Research Interests:

- Family studies of schizophrenia and bipolar disorder to understand factors that reflect genetic liability for the disorders.
- Neural underpinnings of endophenotypes in schizophrenia.
- Differentiation of mild TBI from effects of deployment-related mental disorders in the brain.
- Use of multimodal neuroimaging methods to improve spatial and temporal characterization of brain responses.
- Dynamic and interactive aspects of brain activity in mental disorders.

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Brittany Stevenson, Ph.D.

Dr. Stevenson is a staff psychologist in Addiction Recovery Services and a research investigator at the Minneapolis VA Health Care System. Dr. Stevenson's research uses mobile devices to assess substance use and related problems and leverages these real-time assessments to deliver personalized feedback and interventions for substance use.

Clinical interests:

- Integrating treatment for substance use and comorbid conditions
- Using mobile health (mHealth) and apps to increase treatment engagement and skills use
- Individualizing treatment recommendations using technology

Research interests:

- Using ecological momentary assessment (EMA) to assess substance use and other relevant information repeatedly over time in participants' real-life settings
- Predictors of substance use (and other addictive behaviors) in real life: mood, comorbid symptoms (e.g., trauma reminders), and using technology to intervene when these predictors are present
- Idiographic analyses (i.e., individual models), which are then applicable to personalized treatment

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Snežana Urošević, Ph.D.

Dr. Urošević is a clinician investigator and a program manager of the Clinician Investigator Team at the Minneapolis VA Health Care System. At the University of Minnesota, she holds an appointment of an Assistant Professor in the Department of Psychiatry & Behavioral Sciences and a faculty member of the Center for Neurobehavioral Development. Overarching aim of her research is to identify prospective predictors of illness course in bipolar disorders (e.g., prospective predictors of bipolar episodes) and refine our understanding of neurobehavioral mechanisms driving bipolar symptoms in order to develop more effective treatments. More specifically, Dr. Urošević's research program focuses on investigating neurobehavioral abnormalities in reward processing (i.e., behavioral approach system dysregulation) and cognitive control in bipolar disorders across the lifespan. She particularly investigates these neurobehavioral processes during life periods of significant brain changes either due to adolescent maturation or due to aging. A more recent focus of Dr. Urošević's research has been using digital phenotyping methods, including passive monitoring through mHealth means, to identify prospective predictors of changes in illness course and psychosocial functioning among Veterans with bipolar disorders. To answer pertinent scientific questions, Dr. Urošević relies on a variety of methods, such as functional and structural magnetic resonance imaging (MRI), EEG, behavioral tasks, digital phenotyping, and self-report measures.

Clinical Interests:

- Evidence-based interventions for mood disorders, particularly bipolar disorders
- Individual and group psychotherapy for severe mental health conditions
- Cognitive behavioral therapy (CBT) and the third wave of CBT approaches (e.g., dialectical behavior therapy)

Research Interests:

- Neural and behavioral mechanisms of psychopathology in bipolar disorders across the lifespan
- Psychosocial and neuroscience-based predictors of prospective course in bipolar disorders
- Digital phenotyping and mHealth approaches to predicting symptom and psychosocial functioning changes in bipolar disorders

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Other Faculty Staff

The following staff are not available to serve in a role of independent staff preceptor in the coming year but lead independent projects and are integrated in research endeavors within the Minneapolis VA Health Care System.

Nicholas Davenport, Ph.D.

Dr. Davenport is a researcher at the Minneapolis VA Health Care System primarily focused on mental health conditions affecting recent Veterans. He also holds an Assistant Professor appointment at the University of Minnesota in the Department of Psychiatry and Behavioral Sciences, where he conducts research involving MRI and non-invasive neuromodulation (TMS, tDCS). For the past decade, Dr. Davenport's focus has been on the long-term effects of mild traumatic brain injury (mTBI) and related conditions (e.g., PTSD). He is especially interested in the ways persistent mental health symptoms contribute to retrospective reporting of mTBI events, as well as the ways an mTBI event can influence vulnerability to mental health outcomes.

Research Interests:

- Long-term effects of mild TBI on brain circuitry
- Mental health correlates of blast-related trauma
- Development of diagnostic tools for remote mTBI that reduce reliance on retrospective recall of subjective experiences immediately following periods of altered consciousness
- Novel interventions for persistent symptoms of mTBI and PTSD (e.g., sleep disruption, impaired attention)

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Craig Marquardt, Ph.D.

Dr. Marquardt is a graduate psychologist and clinician investigator at the Minneapolis VA Health Care System. His research focuses on psychological resilience to life stressors modeled using longitudinal survey methods, real world performance of psychological assessment tools (e.g., program evaluation projects), and neural markers of emotion and cognition in the context of PTSD. Clinically, he is actively involved in the assessment and evidenced-based treatment of anxiety, depression, and trauma- and stressor-related disorders in the outpatient clinics of the Minneapolis VA Health Care System.

Clinical Interests:

- Cognitive behavioral therapy (CBT).
- Prolonged exposure (PE), and exposure and response prevention (ERP) therapy.
- Mindfulness.
- Third-wave psychotherapy approaches such as dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT).
- Clinical assessment (e.g., MMPI).

Research Interests:

- Personality and dimensional models of psychopathology.
- Developmental psychopathology.
- Cognitive/affective neuroscience.
- Electroencephalography (EEG) and the event-related potential (ERP) technique.
- Memory and attention.

Current Grants and Current Research Projects

The Psychology Staff Clinician Investigators at the Minneapolis VA Medical Center offer opportunities to be involved in cutting edge research across a range of areas including psychological assessment, personality and psychopathology, behavioral genetics, neuropsychology, and randomized clinical trials evaluating treatment modalities.

The Application Process

Applicants must meet the following prerequisites to be considered for our program:

1. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)
2. Approval for internship status by graduate program training director
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate-level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours.
4. U.S. citizenship
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26
6. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens.
7. Matched interns are also required to meet the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees, and patients while working in a healthcare facility. This requirement is met by verification through the intern's doctoral program Director of Clinical Training. The DCT must verify that the intern has satisfactory health to perform the duties of the clinical training program, a recent TB screen, and Hepatitis B vaccination or signed declination waivers. Please click on the following link for more detailed information on eligibility to train in a VA setting.

Selection Process

We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, diversity, and scholarly endeavors, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness–of–fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. Individuals with both clinical and scholarly aspirations are encouraged to apply. Fit within our scientist-practitioner model equally includes those that engage in the science of psychology as well as those who practice psychology derived from and informed by the science of psychology.

The following provides a description of the domain areas and processes that our program uses to determine fit with our program. Note that highly ranked applicants do not necessarily need to max out each area. We believe it benefits applicants and us to be transparent about our selection process.

Intervention

For intervention, we look at quality over quality. The number of intervention hours is not treated as a linear variable. We appreciate a certain amount of experience is necessary, but more is not necessarily better, and there are defined limits to the amount of credit an applicant may receive having intervention hours that far exceed our minimum requirements. In this domain, in addition to hours, we consider the number and types of practicum placements, practicum experience in large medical or academic health settings, and training in established Empirically Based Treatments.

Assessment

For assessment, we look at quality over quality. The number of assessment hours is not treated as a linear variable. We appreciate a certain amount of experience is necessary, but more is not necessarily better, and there are defined limits to the amount of credit an applicant may receive to having intervention hours that far exceed our minimum requirements. We also appreciate that it can be extremely difficult for some applicants to accrue assessment hours due to the nature of their doctoral program or practicum experiences that may be available to them. In this domain, in addition to hours, we consider experience with diagnostic interviews, structured interviews, and integrated reports. We acknowledge that APPIC definition of an integrated report likely does not reflect what we consider to be quality training in psychological assessment.

Diversity and Inclusiveness

Although we appreciate and consider individuals who choose to disclose an aspect(s) of personal diversity, we appreciate applicants who have significant clinical and/or scholarly experience with diverse individuals, are able to articulate a personal appreciation for diversity (beyond " I think its important and have worked with diverse clients), have had professional and personal experiences in areas related to diversity and inclusiveness or advocacy, and possess a unique world view.

Neuropsychology Experience (for neuropsych applicants only)

For neuropsychology track applicants, in additions to the domain areas noted above, we look for applicants that reflect quality pratica or other clinical experience in clinical neuropsychology, This may include experience with a broad range of neuropsychological instruments, including symptoms validity measures as well as writing neuropsychological reports.

Applicants may seek consideration for one or both tracks.

The Minneapolis VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, genders, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as representing an aspect of diversity. We

also value applicants who have experience and skill in the domains of diversity knowledge, awareness, and sensitivity. These factors may be indicated in the AAPI (APPIC Application for Psychology Internships) cover letter.

Interviews

Invitations to interview typically go out the third week of November. Notification to applicants who are not invited to interview are sent out about the same time.

Virtual interviews are required of all applicants who make the final selection round. Our decision to not offer any in-person interviews or visits is also based on our awareness and sensitivity to the social justice implications, including but not limited to the pressure applicants feel to take advantage of in-person options when they are made available. The economic burden this places on applicants is not warranted given the known effectiveness of virtual options. This decision is also supported by recent APPIC surveys of programs and applicants. During the COVID-19 pandemic, we learned that virtual interviews are a very effective modality for both programs and applicants to get the information needed for program and applicant rankings.

Interviews will take place on January 9th, January 10th, and January 11th, 2023, 8:00 AM - 3:30 PM. Using a range of distance technologies (e.g., Webex, Zoom, Teams, and YouTube, they will consist of:

- An informational session with the training directors
- An informational session with our research staff
- An informational session with our Psychology Training Diversity Enhancement Council (PTDEC)
- Meeting with our current interns
- Interviews with staff supervisors
- Opportunity to meet staff supervisors from all clinical rotations, adjunctive and research training experiences.

Applicants will need to be available on at least one of those dates.

Several breaks will be built into the schedule.

Match Policies

The Minneapolis VAHCS Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Over the years, APPIC has developed guidelines for procedures used in student-internship matching, and these guidelines continue to evolve over time, as APPIC remains responsive to the varied

concerns around this issue. The guidelines in effect for this application year are available from APPIC. This internship site agrees to follow APPIC guidelines and to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The Minneapolis VAHCS will participate in the APPIC Internship Matching Program administered by National Matching Services Inc. (NMS).

There are two match numbers for our internship program, corresponding to the two training tracks. The track match numbers are:

138312 - Standard Track
138315 - Neuropsychology Track

If an applicant applies to both tracks, the overall AAPI and essays in particular should provide a rationale why one's training and background and career goals are consistent with both the Standard Track and the Neuropsychology Track.

Contact information for APPIC and NMS is available on the "links" page of this web site or by clicking on the hyperlinks above. Applicants must obtain an Applicant Agreement Package from NMS and register for the Match in order to be eligible to match to our internship programs. You can request an Applicant Agreement Package from NMS through the Matching Program web site or by contacting NMS at the locations indicated on the "links" page of this web site. In accord with the Federal Drug-Free Workplace Program, interns accepted here may be asked to submit a urine specimen at the beginning of the training year. Other branches of the federal government (e.g., Office of Personnel Management) may conduct routine background checks at their discretion.

How to Apply –

1. Complete the APPIC online AAPI and submit by November 1st.
2. Provide three letters of recommendation, with one being from someone familiar with your research or other academic work.

Contact Information

Further information regarding the Minneapolis VAHCS Psychology Internship Program may be obtained by e-mail or telephone from these individuals:

Wayne Siegel, Ph.D., ABPP
Director of Training/Psychology Supervisor
Telephone: (612) 467-4024
E-mail: Wayne.Siegel@va.gov

Amanda Ferrier-Auerbach, Ph.D., ABPP
Assistant Director of Training
Telephone: (612) 629-2195

E-mail: Amanda.Ferrier-Auerbach@va.gov

Accreditation

The doctoral internship program in Health Service Psychology at the Minneapolis VAHCS is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2028.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
E-mail: apaaccred@apa.org

Professional Information Links

Click on the organization's name to access its website.

American Psychological Association

750 First Street, NE Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE Washington, DC 20002-4242
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APPIC – Association of Psychology Postdoctoral and Internship Centers

733 15th Street NW Suite 719
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National Matching Services Inc.

595 Bay St., Suite 301, Box 29
Toronto, Ontario Canada, M5G 2C2 Telephone: (416) 977-3431
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Minnesota Board of Psychology

2829 University Ave SE Suite 320
Minneapolis, MN 55414
Telephone: (612) 617-2230
Fax: (612) 617-2240

Minnesota Psychological Association

1711 West County Road B, Suite 310N Roseville, MN 55113-4036
Fax: 651-697-0439
MPA Office: (651) 697-0440

Staff – Psychology Minneapolis VAHCS

Click on the following link to open a bookmarked PDF of all staff.

Go to Staff and Faculty Information

Current and Past Interns

2023-2024 Class (incoming)

Kayla Donaldson, Stony Brook University
Clara Freeman, McGill University
Mollie McDonald, University of Nevada
Claire Min, University of Minnesota
Jillian Nelson, George Mason University
Lisa Stone, University of Colorado-Colorado Springs
Cole Toovey, University of Iowa
Ryan Webler, University of Minnesota

2022-2023 Class

Hannah Bogoian, Georgia State University
Pete Ehlinger, University of Oregon
Elise Frickey, Iowa State University
Billie Gray, Saint Mary's University of Minnesota
Claire Guidinger, University of Oregon
Lauren O'Reilly, Indiana University
Palak Singh, Rosalind Franklin University Medicine & Science
Gabe Zeller, University of Wyoming

2021-2022 Class

Taylor Altenberger, University of Southern Mississippi, Clinical Psychology
Kelly Halverson, University of Houston, Clinical Psychology
Kristen Howard, Ohio State University, Clinical Psychology
Jenny Lee, University of Tulsa, Clinical Psychology
Katherine McDermott, Florida State University, Clinical Psychology
Amanda Peterson, University of South Florida, Clinical Psychology
John Purcell, Indiana University – Bloomington, Clinical Psychology
Tasha Rhoads, Rosalind Franklin University Medicine & Science, Clinical Psychology

2020-2021 Class

Patrick Cruitt, Washington University, Clinical Psychology
Desta Gebregiorgis, Seattle Pacific University, Clinical Psychology
Sara Himmerich, Northern Illinois University, Clinical Psychology
Andrea Slosser Worth, University of Wyoming, Clinical Psychology
Cara Wienkes, University of Iowa, Counseling Psychology
Christine Wu, University of Minnesota, Counseling Psychology
Michelle Fox, Georgia State University, Clinical Psychology

Brittany Lang, University of South Florida, Clinical Psychology

2019-2020 Class

Allison Battles, Virginia Consortium in Clinical Psychology, Clinical Psychology
John Bernstein, Louisiana State University-Baton Rouge, Clinical Psychology
Timothy Carroll, University of South Alabama, Combined Psychology
Madeline Noland, Seattle Pacific University, Clinical Psychology
Caitlin Martin-Wagar, University of Akron, Counseling Psychology
James Pewitt Yancey, Florida State University, Clinical Psychology
Hillary Powell, University of Montana, Clinical Psychology
Natasha Tonge, Washington University, Clinical Psychology

2018-2019 Class

Adam Culbreth, Washington University, Clinical Psychology
Katherine Dorociak, Loyola University of Chicago, Clinical Psychology
Rebecca Emery, University of Pittsburgh Combined, Clinical Psychology
Dmitriy Kazakov, University of Wisconsin – Milwaukee, Clinical Psychology
Holly McKinley, California Lutheran University, Clinical Psychology
Edward Patzelt, Harvard - Graduate School of Arts and Sciences, Clinical Psychology
Jonathan Schaefer, Duke University, Clinical Psychology
Michael Sun, University of California-Los Angeles, Clinical Psychology

2017-2018 Class

Andrea Alioto, Pacific Graduate School, Clinical Psychology
Sarah Brislin, Florida State University, Clinical Psychology
Zhen Cheng, University of Oregon, Clinical Psychology
Lauren Khazem, University of Southern Mississippi, Clinical Psychology
Erin Maresh, University of Virginia, Clinical Psychology
Craig Marquardt, University of Minnesota, Clinical Psychology
Merav Silverman, University of Minnesota, Clinical Psychology
Suzanne Moseley, University of Arizona, Clinical Psychology

2016-2017 Class

Jason Kisser, University of Maryland, Baltimore County, Clinical Psychology
Sarah Baumgartner, Illinois Institute of Technology, Clinical Psychology
Shani Ofrat, University of Minnesota, Clinical Psychology
Helen Valenstein-Mah, University of Washington, Clinical Psychology
Jessica Morgan (Goodnight), Georgia State University, Clinical Psychology
Katherine Jonas, University of Iowa, Clinical Psychology
Staci Berkowitz, Drexel University, Clinical Psychology
Matthew Schumann, Idaho State University, Clinical Psychology

2015-2016 Class

Noah Venables, Florida State University, Clinical Psychology
Julia Van Liew, University of Iowa, Clinical Psychology
Katherine Miller, University of Tulsa, Clinical Psychology
Nayla Hamdi, University of Minnesota, Clinical Psychology
Laura Drislane, Florida State University, Clinical, Psychology
Amy Look, Temple University, Clinical, Psychology
Catherine Lee, Loyola University of Chicago, Clinical Psychology
Michael Wilson, University of Illinois - Chicago, Clinical Psychology

2014-2015 Class

Christina Balderrama-Durbin, Texas A&M University - College Station, Clinical Psychology
Daniel Conybeare, University of Illinois - Chicago, Clinical Psychology
Maryanne Edmundson, University of Kentucky, Combined Psychology
Seth Disner, University of Texas - Austin, Clinical Psychology
Sara*h Forster*, Indiana University - Bloomington, Clinical Psychology
Jennifer Hames, Florida State University, Clinical Psychology
Jerillyn Kent, Indiana University - Bloomington, Clinical Psychology
Erica Weber, SDSU/UCSD Joint Doctoral Program, Clinical Psychology

2013-2014 Class

Teresa Biehn, University of Toledo, Clinical Psychology
Efrat Eichenbaum, Drexel University Clinical Psychology
Tara Kraft, University of Kansas, Clinical Psychology
Xuan Nguyen, New Mexico State University, Counseling Psychology
Trisha Patrician, University of Kansas, Clinical Psychology
Thomas Quinlan, San Diego State Univ./Univ. of San Diego, Clinical Psychology
Caitlin Reese, Ohio University, Clinical Psychology
Susan Stern, Georgia State University, Combined Clinical and Counseling Psychology

2012-2013 Class

Anna Docherty, University of Missouri – Colombia, Clinical Psychology
Ethan McCallum, University of Missouri - St. Louis, Clinical Psychology
Ivy Miller, Boston University, Clinical Psychology
Stephanie Rabin, Drexel University, Clinical Psychology
Andrea Sartori, University of Alabama Birmingham, Clinical Psychology
Sandra Shallcross, Counseling Psychology, University of Minnesota
Rebecca Stinson, University of Iowa, Counseling Psychology
Jennifer Sy, University of Wyoming, Clinical Psychology

2011-2012 Class

Joye Anestis, Clinical Psychology, Florida State University

Carolyn Anderson, Clinical Psychology, Washington State University
Jacob Finn, Clinical Psychology Program, University of Tulsa
Daniel Goldman, Clinical Psychology, University of Minnesota
Erin Koffel , Clinical Psychology, University of Iowa
Nelupa Perera, Counseling Psychology, University Of Minnesota
Scott Vrieze, Clinical Psychology, University of Minnesota
Sylia Wilson, Clinical Psychology, Northwestern University

2010-2011 Class

Thao Bui, Clinical Psychology Program, University Of Kansas - Main Campus
Margaret Gavian, Counseling Psychology, University of Minnesota
Mandy Kumpula, Clinical Psychology, Northern Illinois University
Steven Lancaster, Clinical Psychology - Adult Track, Southern Illinois University
Eftihia Linardatos, Clinical Psychology, Kent State University
Jennifer Loughlin, Clinical Psychology, Pacific Graduate School of Psychology
Tara Riddle, Clinical Psychology, Ohio University
Laura Stull, Clinical Psychology, Indiana University - Purdue University

2009-2010 Class

Jessica Baker, Virginia Commonwealth University, Clinical Psychology
Robin Barry, University of Iowa, Clinical Psychology
Bridget Doane, The University of Alabama, Clinical Psychology
Ekaterina (Katya) Keifer, University of Iowa, Counseling Psychology
Melanie Leuty Blackwell, University of MN, Counseling Psychology
Elizab*eth Nelson*, University of Wyoming, Clinical Psychology
Lisa *Rosenzweig*, Teachers College Columbia University, Counseling Psychology
Kathryn Wilder Schaaf, Virginia Commonwealth University, Counseling Psychology

2008-2009 Class

Sarah Viamonte, Clinical Psychology, University of Alabama at Birmingham.
Anna Khaylis, Clinical Psychology, Pacific Graduate School of Psychology.
Maya Yutsis, Clinical Psychology, Pacific Graduate School of Psychology.
Lisa James, Clinical Psychology, Florida State University.
Emily Voller, Clinical Psychology, Oklahoma State University.
Kenna Bolton Holtz, Clinical Psychology, Southern Illinois University.
Rebecca Weigel, Clinical Psychology, University of Louisville.
Jamie Lindberg, Clinical Psychology, Argosy University, Minneapolis.

2007-2008 Class

Jennifer Bemis, Counseling Psychology, University of Minnesota
Robin Carter-Visscher, Clinical Psychology, Western Michigan
Robert Orazem, Clinical Psychology, Boston University
Marti*na Rodgers*, Clinical Psychology, Washington State University

Suzanne Vrshek-Schallhorn, Clinical Psychology, University of Minnesota
Thomas Campbell, Clinical Psychology, Virginia Commonwealth University
Ben Jurek, Clinical Psychology, Xavier University

2006-2007 Class

Jill Holm-Denoma, Clinical Psychology, Florida State University
Shannon Kehle, Clinical Psychology, Rutgers
Karen Petersen, Clinical Psychology, University of Pittsburgh
Todd Vance, Clinical Psychology, Virginia Commonwealth University
Molly Willer, Clinical Psychology, University of Minnesota
Adam Minniear, Clinical Psychology, Wheaton College
Danielle Potokar, Clinical Psychology, University of Bowling Green

2005-2006 Class

Megan Adams, Counseling Psychology, Colorado State University
Stephen Benning, Clinical Psychology, University of Minnesota
Margit Berman, Counseling Psychology, University of Minnesota
Alison Byrne, Counseling Psychology, Colorado State University
Brandon Hayes, Clinical Psychology, University of Wisconsin-Milwaukee
Casey Lawler, Clinical Psychology, Washington State University
Jennifer Tackett, Clinical Psychology, University of Minnesota

2004-2005 Class

Melissa Boyer, Clinical Psychology, Argosy University
Christine Chiros, Clinical Psychology, Bowling Green State University
Cynthia Cutshall, Clinical Psychology, University of Iowa
Lisa Hoffman-Konn, Clinical Psychology, University of Arizona
Maureen Kennedy, Counseling Psychology, University of St. Thomas *Zoe Peterson*, Clinical Psychology, University of Kansas
Vanessa Williams, Clinical Psychology, Pacific Graduate School of Psychology

2003-2004 Class

Kyle Curry, Counseling Psychology, University of Nebraska , Lincoln
Becky Baumann, Clinical Psychology, University of Arkansas
Rebecca Vaurio, Clinical Psychology, University of Texas
Erica Johnsen, Clinical Psychology, University of Iowa
Laura Hemmy, Clinical Psychology, Texas A&M University
Larra Petersen, Counseling Psychology, Ball State University
Theresa Glaser, Counseling Psychology, University of Minnesota

2002-2003 Class

Maureen Egan, Clinical Psychology, Bowling Green State University

Thomas Hicks, Clinical Psychology, University of Vermont
Lisa Hurliman, Clinical Psychology, University of Minnesota
Dan Davis, Counseling Psychology, University of Iowa
Brian Wilson, Clinical Psychology, University of North Dakota
Melanie Blahnik, Clinical Psychology, Argosy University
Jeff Buchanan, Clinical Psychology, University of Nevada, Reno